



STATE OF TENNESSEE
TENNESSEE STUDENT ASSISTANCE CORPORATION

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DEPENDENT CHILDREN SCHOLARSHIP PROGRAM

Type or print in ink. All information must be received at TSAC by the **July 15** deadline. Applicant must be a Tennessee resident and a dependent of a law enforcement officer, fireman or emergency medical service technician that was killed or permanently disabled due to an incident that occurred in the line of duty while employed in Tennessee. Applicant **must** also complete a Free Application for Federal Student Aid (FAFSA).

1. Name _____ 2. Social Security No. _____
Last First Middle
3. Permanent Address _____
Street City State Zip Code
4. Date of Birth _____ 5. U. S. Citizen Yes _____ No _____
6. Telephone Number (____) _____ 7. County of Legal Residence _____
8. Are you a resident of Tennessee? Yes _____ No _____ 9. Driver's License State _____ Number _____
10. E-Mail address _____

COLLEGE OR UNIVERSITY INFORMATION

11. Name of College or University you plan to attend _____

PARENT INFORMATION

12. Name of Deceased/Permanently Disabled Parent _____
Last First Middle
13. Name and address of the employer of parent listed and position held at the time of the death or disability.
14. _____
Employer Position Held
15. _____
Street Address City State Zip Code

You must provide a copy of a newspaper article, disability certification, or obituary notice that documents the employment and circumstances of the parent listed above. All information must be provided in order to have your application processed.

16. Name of living parent/guardian _____
Last First Middle
17. _____
Street Address City State Zip Code
18. Relationship to Applicant _____
19. Home Telephone Number (____) _____ 20. Work Telephone Number (____) _____

We authorize the release of any records necessary to support this application.

SIGNATURE OF APPLICANT

DATE SIGNED

SIGNATURE OF PARENT/GUARDIAN

DATE SIGNED